

FILED
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U.S. DISTRICT COURT E.D.N.Y.

★ MAR 11 2019 ★

LONG ISLAND OFFICE

COUNTY OF SUFFOLK
SUPREME COURT: CIVIL TERM

In the Matter of the Claim of,

NICHOLAS DUVA

Claimant, i

NOTICE OF INTENTION
TO FILE A CLAIM

-against-

RIVERHEAD CORRECTIONAL
FACILITY MEDICAL DEP.

RECEIVED

MAR 11 2019

EDNY PRO SE OFFICE

TO: THE COUNTY ATTORNEY OF SUFFOLK COUNTY.
THE CLERK OF THE COURT OF SUFFOLK COUNTY.

SIRS:

PLEASE TAKE NOTICE, that the claimant herein makes claim and demand

Against SUFFOLK COUNTY CORR FACILITY as follows:

CV - 19 1429

BIANCO, J.

SHIELDS, M.J.

1. The name and post office address of the claimant herein is

110 Center Drive Riverhead NY 11901

2. The nature of the claim is: I was overdosed on a

serious medication (methadone) I get 80mg
and was given 230mg, almost tripple my dose
which led me to overdose and be taken to the ER.

3. The time when, and place where and the manner in which the claim arose:

Around 6:45pm at the RHCF floor 4es
Sometime in October ²⁰¹⁸ I was overdosed on
my methadone medication.

It is now presently February 2019 and im still experiencing Severe medical damage and illness along with mental anxiety, emotionally-disturbed, sleepless and fearful. I am scared what may happen to me in the future,

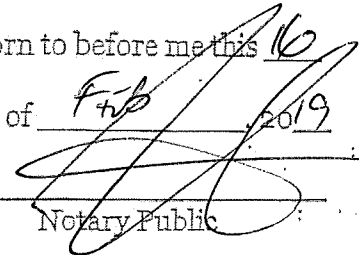
4. The items damaged and injures claimed are: I have been ~~phys~~ physically, mentally and emotionally disturbed, ~~one~~ I am seeking One million for Suffering and punishment Damages, \$500,000 for mental-suffering and emotional mental illness.

The said claim and demand is hereby presented for adjustment and payment. PLEASE TAKE FURTHER NOTICE that by reason of the promises, in default of the County of SUFFOLK to pay the Claimant his claim within the time limited for compliance with this demand by said County of SUFFOLK by statute in such cases against RIV. CORR FACILITY to recover his damage with interest and costs.

Dated: 2/16/19


Claimant

STATE OF NEW YORK)
COUNTY OF SUFFOLK) SS.:

sworn to before me this 16
day of Feb 2019

Notary Public

Michael Lotito
Notary Public, State of New York
01L06357620
Qualified in Suffolk
Commission Expires 04/24/2021

GRIEVANCE COPY

New York State Commission of Correction
Inmate Grievance Form
Form SCOC 7032-1 (11/2015)

Facility: Riverhead CFHousing Location: 3WNName of Inmate: NICHOLAS DUVAGrievance #: R-2019-053

Brief Description of the Grievance (Submitted by the grievant within 5 days of occurrence):
Number of Sheets Attached ()

Back in October I was given too much of my medication (methadone) which led me to be hospitalized. Ever since that day I have been feeling very off, and ill, and like I'm not myself.

Action requested by the grievant (Submitted by the grievant within 5 days of occurrence):
Number of Additional Sheets Attached ()

Just to make sure I get the right medication at the right time, and that it doesn't ever occur again. I plan to exhaust my legal rights.

Grievant Signature: Nicholas DuyaDate/Time Submitted: 2/10/19Receiving Staff Signature: Cheryl Duffin #1293Date/Time Received: 2/11/19Investigation Completed by: Cheryl Duffin #1293Date Completed: 2/14/19

Decision of the Grievance Coordinator

Number of Sheets Attached ()

Written decision shall be issued within 5 business days of receipt of grievance and shall include specific facts and reasons underlying the determination.

- ☐ Non-grievable issue as per 9 NYCRR §7032.4(h) (may not be appealed to CAO)
☐ Grievance Accepted
☐ Grievance Denied on Merits
☒ Grievance Denied due to submitted beyond 5 days of act or occurrence (can be appealed to CAO)
☐ Grievance Accepted in part/ Denied in part (Note specific Acceptance/Denial parts below)

Inmate Duya is receiving his medication as prescribed by his providers. Inmate Duya has submitted a grievance beyond the (5) day filing standard set forth by the NYSCOC. Inmate Duya's grievance is denied. ☐

Signature of the Grievance Coordinator: Cheryl Duffin #1293Date: 2/14/19

SHERIFF'S OFFICE
2019 FEB 11 A 8:52